

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: APLEGATE REFLECTIONS (0010602)

Address: 3001 WESTHILL DRIVE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 03/01/2005

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096993 **End Date:** 05/10/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009551 Served 05/30/2006

Deficiencies Cited
83.33(3)(a)2

Subject Area
REVIEW OF MEDICATION REGIMEN

Compliance
Verified

Corrected

Survey ID: 0094866 **End Date:** 03/24/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0093215 **End Date:** 08/17/2004 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 02/28/2005

Date Investigation Completed: 03/24/2005

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
NOT RECORDED

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